

**DECLARATION AND POWER OF ATTORNEY,
FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR § 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge 37 CFR § 1.16(e) required)

Case No:	58370US002
First Named Inventor:	Duane D. FANSLER
COMPLETE IF KNOWN	
Application No.:	
Filing Date:	
Art Unit:	
Examiner Name:	

As a below named inventor, I hereby declare that my residence, mailing address, and citizenship are as stated below next to my name, and that I believe I am an original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RING-OPENED AZLACTONE INITIATORS FOR NITROXIDE-MEDIATED POLYMERIZATION

The specification of which

is attached hereto;

was filed on

as United States Application No.

is identified as PCT International Application No.

filed on

and was amended on

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC §§ 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application No.	Country	Foreign Filing Date (MM/DD/YYYY)	Priority NOT Claimed	Certified Copy Attached	
				YES	NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby appoint Practitioners at Customer Number 32692 as my attorneys and/or agents with full powers (including the powers of appointment, substitution, and revocation) to prosecute this application and any division, continuation, continuation-in-part, reexamination, or reissue thereof, and to transact all business in the U.S. Patent and Trademark Office connected therewith.



32692

PATENT TRADEMARK OFFICE

I also appoint the following Practitioners as my attorneys and/or agents with full powers (including the powers of appointment, substitution, and revocation) to prosecute this application and any division, continuation, continuation-in-part, reexamination, or reissue thereof, and to transact all business in the U.S. Patent and Trademark Office connected therewith: None

The mailing address and the telephone number of the above-identified attorneys and/or agents are that of Customer No. 32692.



32692

PATENT TRADEMARK OFFICE

Inquiries regarding this application can be made to:

Attention: Kent S. Kokko
Office of Intellectual Property Counsel
3M Innovative Properties Company
Telephone No.: 651-733-3597

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Duane D.		Family Name or Surname: FANSLER
Inventor's Signature: 		Date: 2/5/03
Residence: Dresser, Wisconsin	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Kevin M.		Family Name or Surname: LEWANDOWSKI
Inventor's Signature: 		Date: 2/5/03
Residence: Inver Grove Heights, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Michael S.		Family Name or Surname: WENDLAND
Inventor's Signature: 		Date: 2/5/03
Residence: North Saint Paul, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Babu N.		Family Name or Surname: GADDAM
Inventor's Signature: <i>Babu N. Gaddam</i>		Date: 245703
Residence: Woodbury, Minnesota	Country: USA	Citizenship: India
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]):		Family Name or Surname:
Inventor's Signature:		Date:
Residence:	Country:	Citizenship:
Mailing Address:		

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Given Name (first and middle [if any]):		Family Name or Surname:
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Mailing Address:		